	MULTIPLE DEPENDENT CLAIM FEE CALCYIX ATION SHEET (FOR USE \ H FORM PTO-875)								SERIAL NO. 10/50/5444 APPLICANT(S,				FILING DATE		
			12				CLAIM			·					
	AS FILED		AFTER 1*AMENDMENT		AFTER 1 MAMENDMENT				AS FILED		AFTER		AFTER		
1	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.	
2			- -				1	51							
3	/		7				•	52 53			• •	 			
4		/		/				54		 		 	ļ	ļ	
<u>5</u>				/]	55				 			
7		7	/-	-				56							
8		र्द्ध		/			1	<u>57</u> 58	<u> </u>			ļ			
9			_/				ŀ	59				 		 	
10 11							1	60				1		 	
12			-/-	 		ļ		61							
13	-	#	- 	 				62		<u> </u>		<u> </u>			
14		-/						64 .				 -			
15								65							
16 17	·							66						 	
18								67							
19		·						68 69	·						
20								70				-			
21 22								71				——			
23								72							
24								73							
25							·	75							
26		·				· ·		76							
27 · 28								77						*	
29						·		78							
30								79 80							
31								81							
32								82							
34								83							
35								84 85					·	<u>:</u>	
36								86							
37								87							
38 39.								88							
40								89.							
41.								90 91							
42							Ì	92					·		
43								93	1						
44					•		[94		·					
46					<u>·</u>			95 96							
47							ł	96							
48							Ì	98							
49							t	99							
50	7	 _						100			·				
OTAL IND.	/2	*	7	+				TOTAL IND.		#		₩.		•	
TOTAL	<u></u>	4	U	4		4	i	TOTAL DEP		4		4		4	
CLAIMS	90		13					TOTAL CLAIMS							
PTO - UNKO A	PEV IIMA									U.S. DEPART	MENT of CO	MMERCE	•		